

## Family PACT: Complications Services Overview

This section presents an overview of services available for complications of primary method related services, as well secondary and concurrent core treatment. All complications services are pre-selected and require prior authorization.

### Complications Services

The Family PACT benefits package includes pre-selected services for specific complications of core family planning method services and related reproductive health services. Only Family PACT-defined complications associated with specific family planning methods and with treatment of related conditions are covered services. (For details see the *Family PACT: Benefits Package – Services and Procedures [familypact16]* section in this manual.)

The Family PACT “S” series code system must be used as the primary diagnosis codes. The method specific primary diagnosis with a suffix of “3” must be used for all claims for the following complication services:

- Complications of primary family planning methods
- Complications of secondary STI treatments
- Complications of concurrent UTI and dysplasia treatments.
- Complications associated with treatment of STI, UTI and dysplasia are limited to complications of the treatments only.

When the complication is of a secondary or concurrent condition treatment, the appropriate ICD-9-CM diagnosis code must also be on the claim.

For additional information, see the *Family PACT: Diagnosis Codes Listings [familypact15]* section in this manual.

### Prior Authorization Required

The *Treatment Authorization Request* (TAR) process is to be used for all medical, laboratory and pharmacy complication outpatient, emergency and inpatient care. A TAR form must be submitted for all complication services. The TAR control number must be on the claim. For more information, see the *Family PACT: Treatment Authorization Request (TAR) [familypact26]*, the *Family PACT: Claim Form Completion Introduction [familypact28]* and *Family PACT: Claim Form Completion [familypact32 and 33]* sections in this manual.

**Pharmacy Services for  
Complication Services**

For management of Family PACT defined complications of family planning methods or treatment of related conditions, the pharmacy TAR process is to be used to authorize drugs or supplies not on the Family PACT Drug and Supply List. For more information, see the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] and *Family PACT: Pharmacy Procedures* [familypact41] sections in this manual.

**Complications Services  
by Referral**

An enrolled Family PACT provider may refer clients for care of a defined complication of a Family PACT core service. (For information, see “Services by Referral” in the *Family PACT: Enrolled Provider Responsibilities and Other Provider Participation* [familypact3] section in this manual.) The rendering provider must obtain TAR approval prior to rendering the service (except in the case of an emergency or urgent situation). The TAR and claim must identify the provider number of the referring Family PACT provider in the appropriate field on the claim form. The TAR number must also be indicated on the claim.

The referring enrolled Family PACT provider is responsible for informing all rendering providers (including facilities and anesthesiologists) of Family PACT Program policies and scope of services so that clients are not given uncovered services and are not charged for services.

It is the referring Family PACT provider’s responsibility to give all necessary claim information, including the referring Family PACT provider number and all appropriate diagnoses codes, to rendering providers.

For more information, see the *Family PACT: Benefits Package – Services and Procedures* [familypact16] and *Family PACT: Diagnosis Codes Listings* [familypact15] sections in this manual.

## Drug and Supply List

Providers may dispense drugs for primary family planning method specific core services according to the Family PACT Drug and Supply List. Drug dispensing for core services is restricted to the Family PACT Drug and Supply List. See the *Family PACT: Drug and Supply List [familypact22]* section in this manual.

According to Medi-Cal program policy, if a pharmacy provides prepackaged drugs to physician offices for dispensing, the physician may be reimbursed for the cost of the ingredients. Drugs and supplies dispensed by the Family PACT provider must be billed "at cost," the cost to that provider. The price charged to the program shall not exceed that charged to the general public, as defined in *California Code of Regulations* (CCR), Title 22, Section 51513 (14)(b)(A).

## Miscellaneous Drugs/Supplies: HCPCS Code Z7610 Restrictions

Miscellaneous drugs and supplies for non-surgical procedures are billed with HCPCS code Z7610. This code may be used only by hospital outpatient departments, emergency rooms, surgical clinics, and community clinics. (Refer to the *Supplies and Drugs for Outpatient Services* section in the appropriate Part 2 Medi-Cal Outpatient Services manual.)

Providers may write prescriptions for drug and supplies listed in the Family PACT Pharmacy Formulary. The drugs and supplies prescriptions may be filled by any Medi-Cal pharmacy. Contraceptive supplies, including condoms and spermicides, require prescriptions for pharmacy dispensing. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

## Family PACT Pharmacy Formulary

See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for information.